FEC FORM 9



24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR A 10: 211

1. Person Making the Disbursements/Obliga	tions	
(a) Name AMERICAN RIGHTS AT	T WORK	
(b) Address (number and street)	nt than previously reported	2. FEC Identification Number
1100 17th Street, NW Suite 950 (c) City, State and ZIP Code		
Washington, DC 20036 (d) Name of Employer or Principal Place of Business		
(d) Name of Employer or Principal Place of Business	(e) C	Occupation
New		09 05 2008
3. Is This Statement or	4. Covering Period	through
Amended		09 08 2008
5. (a) Date of Public Distribution(s)	5 2008 (b) Commun	ication Title See Saw MN
6. The filer is a(n): (a) Individual (b) Unino	corporated Organization (c) Q	ualified Nonprofit Corporation (11 CFR 114.10)
(d) Corporation, Labor Organization or Qua	 lified Nonprofit Corporation making	communications under 11 CFR 114.15
(e) Other, specify:		
	4	
If the filer is an individual, unincorporated were the disbursements made exclusivel		
B. Custodian of Records		
(a) Name Kimberly Taylor		
(b) Address (number and street)		
1100 17th Street, 1	NW Swite 950	
(c) City, State and ZIP Code Washington, DC 2	0036	
(d) Name of Employer or Principal Place of Business		Occupation
American Rights a	t Work F	inance Officer
3. Total Donations This Statement	Sector Communications and	000
	anne force America	nandamilian amadamilian di sebera
C. Tatal Dishumamants/Ohilastiana This Sta	jan nya angan ng	amandaman ili merinti man a adili madra madlama dil atane d
0. Total Disbursements/Obligations This Sta	Trement	haden in 105.00
Under penalty of perjury, I certify that this statemer		
TYPE OR PRINT NAME OF PERSON COMPLETING F	gam Kimberly	A. Freeman
2/10/1		- 02-10-2009
SIGNATURE SIMULLILLY J. J.	llman_ DAT	E7
NOTE: Submission of talsa, errorgoustry incomplete i	information may subject the person signing thi	s statement to the negatiles of 2 U.S.C. 8437a